

# ORAL SURGERY CARE



• BRENT L. FLORINE, D.D.S.

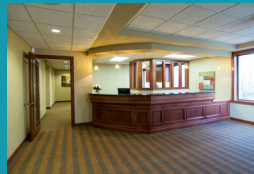
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Spring 2019

Happy Spring!

The ground hog did not see its shadow, so winter should have ended about the middle of February. I am rethinking my reliance on non-evidence based theories but looking forward to pleasant weather nonetheless. May your garage and basement floors remain forever dry, or at least without standing water.

Please enjoy our quarterly newsletter providing reviews of recent literature. Our commitment remains strong to provide trends in oral surgery and implant dentistry, along with providing your patients the best possible experience when seen in our office for oral surgery care. We really appreciate being included in the care of your patients!



Oral Surgery Care

Feel free to contact me whenever I can be of any assistance. We are very accommodating in scheduling emergency appointments for your patients who have urgent needs.

Best Regards,

*Brent Florine, DDS*

## Implications of Use of Opioid-containing Analgesics for Palliation of Acute Dental Pain

Chakote K, Guggenheimer J  
*J Opioid Manag.* 2019 Jan/Feb;15(1):35-41

Initial palliation of acute dental pain with an opioid-containing pain reliever (OPR) is inappropriate but more likely to occur among the under- and uninsured who are unable to access the customary resources for dental care. To assess the implications of palliation with an OPR, the authors determined the prevalence of several health attributes and socioeconomic status (SES) of patients taking prescription or over-the-counter (OTC) palliative medications before they presented to an academically affiliated dental clinic for definitive treatment of acute dental pain. Prior palliation with any OPR/antibiotic combination was compared with a self-reported mood disorder, use of a psychotherapeutic or street drug, low SES (on Medicaid or self-payer), or high SES (having commercial dental insurance).

Palliative medications were being taken by 34 percent of 851 patients including 20 percent who were taking an OPR. Use of any palliative prescription medication was significantly associated with low SES. By comparison, high SES patients were significantly more likely to have used OTC analgesics or no medication. Significantly more low SES patients self-reported mood disorders and street drug use, respectively. Patients taking OPRs included those with self-reported mood disorders or use of a psychotherapeutic or street drug. *Palliation of acute dental pain with OPRs cannot resolve the underlying dental condition and contributes to drug misuse and adverse interactions. Preferable palliation should utilize combinations of non-OPR analgesics. These have fewer risks and may provide an incentive to seek definitive dental treatment.*

## Condylar Head Remodeling Compensating for Condylar Head Displacement by Orthognathic Surgery

Hwang HS, Jiang T, et al.  
*J Craniomaxillofac Surg.* 2018 Dec 5

The purpose of this study was to evaluate the association between the type of condylar displacement due to orthognathic surgery and the subsequent adaptive condylar head remodeling. The sample in this study consisted of 30 patients (12 female and 18 male; mean age 22.7 y) with skeletal *continued on back page*

Dr. Brent Florine received his undergrad degree from the University of Minnesota College of Liberal Arts and attended the University of Minnesota School of Dentistry. He received postgraduate dental and oral and maxillofacial surgery training at Louisiana State University and Charity Hospital in New Orleans, and the University of Minnesota Hospitals and Clinics. He is certified as a Diplomate of the American Board of Oral and Maxillofacial Surgery and has practiced oral surgery in Eagan since 1987.



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## Condylar Head Remodeling...continued

Class III malocclusion who underwent bilateral sagittal split ramus osteotomy (SSRO). Three-dimensional superimpositions of cone-beam computed tomography (CBCT) scan derived images from immediately after and 6 months after surgery were to reveal the type of remodeling, while images from before and immediately after surgery were to identify the subsequent type of condylar displacement.

Laterally displaced condyles showed bone resorption on the lateral surfaces and deposition on the medial surfaces, whereas the contrary was found in medially displaced condyles. Anteriorly displaced condyles showed resorption on the anterior surfaces and deposition on the posterior surfaces, whereas the contrary was found in posteriorly displaced condyles. Superior surfaces of the condyles showed bone resorption regardless of displacement direction. *The results indicate that condylar remodeling patterns (resorption/deposition) are determined by the direction of condylar displacement during surgery. However, condylar displacement by surgery is not completely compensated by condylar head remodeling, especially in case of downward displacement.*

## Implant Survival and Patient Satisfaction in Completely Edentulous Patients with Immediate Placement of Implants

Kim HS, Cho HA, et al.  
*BMC Oral Health. 2018 Dec 18;18(1):219*

**T**his study evaluated full-arch rehabilitation of patients with immediately placed implants in terms of the cumulative implant survival rate, risk factors for implant failure, and patient satisfaction. Time-to-event data of 52 completely edentulous jaws (370 implants) were collected using retrospective clinical chart review for the time period from 2008 to 2014. A conventional two stage approach for surgery was adopted to immediately placed implants in the maxilla, and immediate placement and immediate loading protocols for the mandible were followed. The study calculated the 7-year cumulative survival rates (CSR). Patient satisfaction on chewing ability, esthetic appearance, and overall satisfaction was also measured with a face-to-face interview survey.

Of the total 370 implants, 194 were immediate placement. Two delayed loading maxillary implants failed within the first year, and another one failed in the second year of loading. Two failures were recorded in the first year and one in seven years for the immediate loading mandibular implants. The 1-, 5-, and 7-year CSR of the 370 implants were 0.989, 0.986 and 0.978, respectively. Only

the length of the implant affected implant failure. Other patient characteristics including systemic diseases, implant diameter, immediate loading, and immediate placement, did not have an effect on implant failure rates.

Patients reported a high degree of satisfaction regardless of their age group or length of the observation period. Immediately placed implant had CSR as high as delayed placed implants, and 7-year CSRs of immediate loading were not significantly different from delayed loading. The procedure also had a high degree of chewing ability, esthetic appearance, and overall satisfaction. *The study results suggested that the clinical procedures applied in this study to completely edentulous patients were acceptable rehabilitation procedures.*

## Effectiveness of Different Commercial Chlorhexidine-Based Mouthwashes after Implant Surgery

Chye RM, Perrotti V, et al.  
*Implant Dent. 2019 Jan 14*

**T**he purpose of this study was to review the effectiveness, side effects, and patient acceptance of different concentrations and formulation of chlorhexidine-based mouthwashes used after implant surgery. The PRISMA guideline was adopted in the search strategy using electronic databases PubMed and MEDLINE to identify randomized and case-control prospective studies. A total of 10 articles were selected for a total of 344 patients. Because of the significant heterogeneity of the outcome measures, the data were summarized into tables.

A positive relationship between the use of chlorhexidine and reduction of plaque was found, demonstrating the effectiveness of the substance in terms of antiseptics and decrease of inflammation after implant surgery. *Chlorhexidine is recognized as the primary agent for plaque control and the gold standard in preventing infection. The authors believe that research should be directed at finding chlorhexidine formulation with negligible adverse effects, without compromising or even increasing its effectiveness as the antiseptics and antiplaque agent.*

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